

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>123456789</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51	1				
2		1					52	1				
3		1					53	1				
4		1					54	1				
5		1					55	1				
6		1					56	1				
7		1					57	1				
8		1					58	1				
9		1					59	1				
10		1					60	1				
11	1						61	1				
12		1					62	1				
13		1					63	1				
14	1						64	1				
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22	1						72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34	1						84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46	1						96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					